



BÖLÜM 9

AKUT VE SUBAKUT TİROİDİTLER

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Tiroiditler, tiroid bezinde çeşitli etiyolojik sebeplerle ortaya çıkan ve tiroid bezi inflamasyonu neticesinde folikül hücre hasarı ile seyredabilen hastalıklardır. Oluşan hücre hasarı çoğu zaman immünite bağlantılı olsa da, folikül hücre yıkımı ortak mekanizmayı oluşturmaktadır (1). Her bir tiroiditin kendine özgü histopatolojik görünümü olmakla birlikte temel olarak sınıflama semptomların başlama hızı, prezentasyon ve ağrının varlığına göre yapılmaktadır. Hastalığın başlangıç hızına göre yapılan sınıflandırması tablo 1’de özetlenmiştir.

Tablo 1. Hastalığın başlangıç hızına göre sınıflandırılması (1)

1. Akut Tiroiditler
Akut (süpüratif) Tiroidit
2. Subakut Tiroiditler
Subakut Granüloamatöz Tiroidit (de Quervain Tiroiditi)
Subakut Lenfositik Tiroidit (Sessiz tiroidit, Painless tiroidit)
Postpartum Tiroidit
Amiodaron ile Oluşan Tiroidit
3. Kronik Tiroiditler
Hashimoto Tiroiditi (Kronik Lenfositik Tiroidit, Otoimmün Tiroidit)
Riedel Tiroiditi

Tiroiditlerde ağrı ve hassasiyet varlığına göre yapılan sınıflandırma tablo 2’de özetlenmiştir.

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Tablo 8. Subakut tiroidit, Sessiz tiroidit ve Postpartum tiroidit özellikleri (35)
(DEVAMI)

Görüntüleme RAIU/USG	RAIU azalmıştır. USG:değişken heterojen doku, Hipoekojenik	RAIU azalmıştır. USG:değişken heterojen doku, Hipoekojenik	RAIU azalmıştır. USG:değişken heterojen doku, hipoekojenik
Patoloji	Granülomatöz infiltrat	Lenfosit infiltrat	Lenfosit infiltrat
Tedavi	Ağrı: NSAİ, KS Tirotoksik faz: B-bloker Hipotiroidik faz: Levotiroksin	Tirotoksik faz: B-bloker Hipotiroidik faz: Levotiroksin	Tirotoksik faz: B-bloker Hipotiroidik faz: Levotiroksin
Uzun dönem sonuçlar	% 5-15 hipotiroidi	% 10-20 hipotiroidi	% 15-50 hipotiroidi

WBC: White blood cell, crp: c-reaktif protein, RAIU: radyoaktif iyot uptake, USG: Ultrasonografi
NSAI: Non-steroidal antiinflamatuvar ilaç KS: Kortikosteroid, Üsy: üst solunum yolu enfeksiyonu

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